

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	fw	75331	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Q	71698	7/27

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/24/64
2	✓	✓	2/24/64
3	✓	✓	2/24/64
4	✓	✓	2/24/64
5	✓	✓	2/24/64
6	✓	✓	2/24/64
7	✓	✓	2/24/64
8	✓	✓	2/24/64
9	✓	✓	2/24/64
10	✓	✓	2/24/64
11	✓	✓	2/24/64
12	✓	✓	2/24/64
13	✓	✓	2/24/64
14	✓	✓	2/24/64
15	✓	✓	2/24/64
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44	✓	✓	2/24/64
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46	✓	✓	2/24/64
47	✓	✓	2/24/64
48	✓	✓	2/24/64
49	✓	✓	2/24/64
50	✓	✓	2/24/64

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here